10/551,004

April 12, 2007

PTO/SE/81 (01-09)

Approved for use through 11/30/2011. OMB 0851-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1985, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY

Application Number

Filing Date

OR		First Na	First Named Inventor		Henning WALCZAK					
REVOCATION OF POWER OF A										
WITH A NEW POWER OF AT	WITH A NEW POWER OF ATTORNEY		Title CD95-FC FL		JSION PROTEINS					
AND		Art Unit	Art Unit		1647					
CHANGE OF CORRESPONDENC	E ADDRESS	Examin	er Name		D, Jon McCle	elland				
			Attorney Docket No.		76657-8004.US00					
I hereby revoke all previous powers of attorney given in the above-identified application.										
A Power of Attorney is submitted herewith.										
OR		_								
X hereby appoint Practitioner(s) associated										
Number as my/our attorney(s) or agent(s) to prosecute the application above, and to transact all business in the United States.			nt İ	22918	22918					
and Trademark Office connected therewit										
OR			44.5.4.	4. 21						
I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:										
	Registration				Registration					
Practitioner(s) Name	Number	FI	Practitioner(s) Name		Number					
					1					
				İ		i				
Please recognize or change the correspondence address for the above-identified application to:										
The address associated with the abo										
OR										
The address associated with Custome	r Number:									
OR										
Firm or Individual Name	Fim or Individual Name									
Address										
City	State		Zip			•				
Country	Telephone		Email							
I am the:										
Applicant/Inventor.										
OR										
See 37 CFR 3.71. Assignee of an undivided interest in the entirety. Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on 2/25/2010										
SIGNATURE of Applicant or Assignee of Record Signature 1404 500 Date 17014,201										
Signature 140 mgs 4500		*	Date		4,201					
Name Dr. Thomas Hoger			Telephon	<u>a 1</u>						
Title and Company CEO, Apogenix GmbH										
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.										
"Total of1 forms are submitted.										

10/551,004

PTO/SB/81 (01-09)
Approved for use through 11/30/2011. OMB 0851-0035
U.S. Palent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY

Application Number

POWER OF ATTORNEY		Filing Date		April 12	April 12, 2007						
OR REVOCATION OF POWER OF ATTORNEY		First Named Inventor		r Henning	Henning WALCZAK						
WITH A NEW POWER OF ATTORNEY				TILLO CD95-FC FUSION PROTEINS							
	AND		Art Unit			1647					
CHANGE OF COR	RESPONDENC	E ADDRESS	Examiner Name			LOCKARD, Jon McClelland					
					Attorney Docket No. 76657-8004.US00						
I hereby revoke all previous powers of attorney given in the above-identified application.											
A Power of Attorney is submitted herewith. OR											
I hereby appoint Practitioner(s) associated with the following of Number as my/our attorney(s) or agent(s) to prosecute the application above, and to transact all business in the United Stand Trademark Office connected therewith:				pplication							
OR I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:											
	Practitioner(s) Name Registration Number		Practitioner(s) Name			Registration Number					
Please recognize or change the correspondence address for the above-identified application to: The address associated with the above-mentioned Customer Number:											
OR											
The address assoc	_JThe address associated with Customer Number:										
OR						100					
Firm or Individual Name			-								
Address		<u> </u>			· · · · · ·						
		·									
City		State		Zip		<u></u> -					
Country		Telephone		Ema	<u> </u>						
I am the: Applicant/inventor.											
OR See 37 CFR 3.71, Assignee of an undivided interest in the entirety. Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on 2/25/2010											
Oldiomoni undor o			·		-	.012010	-				
Clanation	BIGNAT	URE of Applicant	OF ASSIG		ra	_					
Signature Dr. Duth Horse			Date								
	Or. Ruth Herzog	Todala Offi		Telepi	IONE						
Tille and Company Deutsches Krebsforschungszentrum Stiftung des Offentlichen Rechts											
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.											
*Total of 1 forms are submitted.											